PTO/S8/17 (05 07)

Approved for use through 00/91/2007, 0589 091-0032

U.S. Patient and Tradedmark Difficity U.S. DEPARTMENT OF COMMERCE
TO English and Observations of Information Commerces of Information Commerces and Informatio

Pees pursuant to the Consolidated Appropriations Act, 2005 (pt.R. 4818).  FEE TRANSMITTAL					respond to a collection of information unless it changes a valid ONE control number Complete if Known					
					Application Nur		09/743,750-Cenf, #7730			
							Jenuary 16, 2001			
				First Named Inv		Ichiro AZUMA				
For FY 2007					***************************************					
· ·					Examiner Name		V. L. Ford			
Applicant calina small entity status, See 37 CFR 1,27					Art Unit 1645			*******************************		
TOTAL AMOUNT OF PAYMENT (\$) 620.00					Attorney Docket No. 0020-4802P					
METHOD O	F PAYMEN	f (check all	that apply)			••••••		••••••		
Check	Credit C	ard [	Money Order	Non	e Other (	please iden	isfy):			
3 Deposit A	ccount Deper	sić Account Nurs	Dux. 02-2448 Se	coA Brod	unt Nama:	Sirch, Ste	wart, Kolasch	& Birch,	LLP	
For the	above-identi	fled deposit	account, the Dire	ector is	hereby authorize	d to: (chec	ck all that apply)			
x ] C	Charge fee(s)	indicated be	wok		Charge	e fee(s) inc	e ,woled betsoit	xcept for	the filling fee	
× f	harge any ad se(s) under 3	iditional fee( 17 CFR 1.16	<ul><li>s) or underpaym and 1.17</li></ul>	ents of	x Credit	any overp	syments			
FEE CALCU	LATION	***************************************				***************************************				
1. BASIC FILIP	KG, SEARCH	, AND EXA	MINATION FEES	3		***************************************		***************************************		
		FILIN	G FEES	SEA	RCH FEES	EXAMIN	IATION FEES			
Application 1	eav.	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (5)	
Utility		300	150	500	250	200	100		LAME LAME	
Design		200	100	300	50	130	65		***************	
Plant		200	100	300	150	160	80	***************************************		
Reissue		300	150	500	250	600	300			
Provisional		260	100	0	0	0	0			
2. EXCESS CL	AIM FEES					~	,		Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 10 (including Ressues)								50	25	
Each independent claim over 3 (including Reissues)								200	100	
Multiple depen	dent claims							360	180	
Total Claims Extra Claims Fee (S) Fee P					sid (\$)	Multiple Dependent Claims				
HP a highest number of total drains paid for, if greater then 20.						Fee (\$)			Fos Paid (\$)	
		-		r n.	11.2 (6)					
Indep. Claims	Extra C	iaims r	ee (\$)	Fee P	sto (a)					
htP + highest num	ber of incopendi	eni claims paid	for, if greater than 3		***					
3. APPLICATIO										
		wings exces	d 100 sheets of s	iaper (e	excluding electro	mically fil	ed souvence or o	omputer		
listings und	fer 37 CFR 1	52(e)), the i	spplication size S.C. 41(a)(1)(G	fee due	is \$250 (\$125 fc	or small en	tity) for each ad	ditional 5	0	
Total Sheet		ra Sheets			ditional 50 or fract	ion thereof	Fee (\$)	Fac	Paid (\$)	
	- 100 ·				round up to a who				I.H.M.A.E.	
4. OTHER FEE			7		•		V and the state of	Fees	Paid (\$)	
Non-English	Specification	n, \$130 fee	(no small entity	discor	391)			A		
Other (e.g., late filing surcharge): 1401 Notice of appeal									10.00	
***************************************		12	o i Extension f	or resp	onse within fire	st month		17	0.00	
SUSMITTED BY						***************************************				
irgneture	ing	1/1/-		F	legistration No. Altomey/Agenta	36,623	Telephone	(703) 20	5-8043	
Name (Prid Type)	Mark J Mu	ıqli			***************************************	•••••	0360 , ~~	18,	2007	
			***************************************		***************************************	***************************************	***************************************	······································		